

(01-04)

**DECLARATION AND
POWER OF ATTORNEY FOR
PATENT APPLICATION**

☐ Declaration Submitted with Initial Filing
 OR
 ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	4121-173
First Named Inventor	Doris KLEE et al.
COMPLETE IF KNOWN	
Application Number	10/507,924
Filing Date	16 September 2004
Art Unit	NA
Examiner Name	NA

As a below-named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name.

I believe I am the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

"DEPOSITION METHOD FOR ENDOPROSTHESES PROVIDED FOR CONSTANTLY ADMINISTERING MEDICAMENTS"

the specification of which is attached hereto unless the following box is checked:

() was submitted on September 16, 2004 as US Application Serial No. 10/507,924 based on International Application Number PCT/DE03/00848 filed on 17 March 2003.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination and patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119(a-d) or 365(b) of any foreign application(s) for patent or inventor(s) certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NO.	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
Germany	202 04 258.8	16 March 2002	YES: <u>X</u> NO: <u> </u>
PCT	PCT/DE03/00848	17 March 2003	YES: <u>X</u> NO: <u> </u>

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith:

STEVEN J. HULTQUIST, REG. NO. 28,021
MARIANNE FUIERER, REG. NO. 39,983
TRISTAN FUIERER, REG. NO. 52,926

All correspondence in connection with this application should be sent to:

Steven J. Hultquist
Intellectual Property/Technology Law
P. O. Box 14329
Research Triangle Park, NC 27709
Telephone: (919) 419-9350

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

¹⁰⁰
Full Name of Sole or First Inventor: Doris Klee

Inventor Signature: _____

Residence Address: Preussweg 64, 52074 Aachen, Germany

Citizenship: German

Mailing Address: _____

(if different from Residence Address)

²⁰⁰
Full Name of Second Inventor: Norbert Weiss

Inventor Signature: _____

Residence Address: Himmerich 38, 52525 Heinsberg, Germany

Citizenship: German

Mailing Address: _____

(if different from Residence Address)

³⁰⁰
Full Name of Third Inventor: Alexander Rübgen

Inventor Signature: _____

Residence Address: Gut Steeg 20, 52074 Aachen, Germany

Citizenship: German

Mailing Address: _____

(if different from Residence Address)

⁴⁰⁰
Full Name of Fourth Inventor: Arno Bückner

Inventor Signature: _____

Residence Address: Leopoldstrasse 9, 52349 Düren, Germany

Citizenship: German

Mailing Address: _____

(if different from Residence Address)